

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 097065592

FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/			
2		/	/			
3	2		/			
4	1		/			
5	1		/			
6	1		/			
7	1		/			
8	1		/			
9	3		/			
10	1		/			
11	1		/			
12	1		/			
13	1		/			
14	1		/			
15	2		/			
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32	1		/			
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35	1		/			
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37	5		/			
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49						
50						
TOTAL IND.			5			
TOTAL DEP.			32			
TOTAL			37			

CLAIM	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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